

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CORNELIUS QUINN

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

OFFICER STOKES

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

RECEIVED

MAY 31 2016 *AS*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

1:16-cv-5744

Judge Rebecca R. Pallmeyer
Magistrate Judge Jeffrey T. Gilbert
PC8

I. Plaintiff(s):

A. Name: CORNELIUS QUINN

B. List all aliases: N/A

C. Prisoner identification number: R4D234

D. Place of present confinement: STATEVILLE CORRECTIONAL CENTER

E. Address: P.O. 112 JOLIET, ILL. 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: OFFICER STOKES
Title: COOK COUNTY DEPUTY SHERIFF
Place of Employment: 2700 S. CALIFORNIA AVE. CHICAGO, ILL. 60608

B. Defendant: _____
Title: _____
Place of Employment: _____

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This ACTION is BEING BROUGHT BEFORE THE COURT
PURSUANT TO TITLE 42 SECTION 1983 FOR VIOLATIONS
OF THIS PLAINTIFFS 5TH, 8TH & 14TH AMENDMENT
RIGHTS UNDER ARTICLE I SECTION II OF THE ILLINOIS
CONSTITUTION OF 1970.

EARLY ON THE MORNING OF THURSDAY, SEPTEMBER 4TH
2014 SHORTLY AFTER BREAKFAST IN DIVISION 1 AT THE
COOK COUNTY JAIL IN CHICAGO ILLINOIS, OFFICER STOKES
PASSED BY MY CELL ON LIVING UNIT A-2 AND BEGAN MAKING
INSULTING REMARKS TO ME AND SPEAKING TO ME IN VERY
DEROGATORY TERMS. THIS UNPROFESSIONAL CONDUCT HAD
BEEN GOING ON FOR A FEW WEEKS AND ON THIS parti
CULAR MORNING IT WAS QUITE IRRITATING BECAUSE I
WAS FEELING DEPRESSED AND WAS EXPERIENCING MILD
"CHEST PAINS". PLAINTIFF IS FIFTY (50) YEARS OLD AND
NOT IN THE BEST OF HEALTH.

PLAINTIFF THEREFORE RESPONDED TO DEFENDANT STOKES
INSULTS BY TELLING HIM TO GET HIS SICK ASS AWAY

From my cell. Defendant STOKES THEN LEFT but he REAPPEARED shortly thereafter with a large fire extinguisher and he began spraying full blast into Plaintiff's cell for several minutes. Plaintiff was locked & secured in his cell and was no threat whatsoever to defendant STOKES

Plaintiff's eyes began burning and his vision became exceedingly blurred. Also, Plaintiff's mild chest pains he was already experiencing became more sharp and painful as a result of inhaling the liquid chemicals discharged into his cell from the fire extinguisher.

Plaintiff called out desperately to defendant STOKES, letting him (know) my condition and pleaded for medical attention. But defendant STOKES simply responded to Plaintiff's "EMERGENCY medical condition" by telling Plaintiff to "wash out your eyes". Defendant STOKES REFUSED to initiate "EMERGENCY medical assistance" and was even laughing as Plaintiff gasped for air. I then demanded a supervisor and STOKES DENIED this request as well.

Plaintiff therefore was forced to sit in the cell

FOR OVER 2 MORE HOURS, HAIF BLINDED AND GASPING FOR AIR.

WHEN THE SHIFT CHANGED THE NEXT OFFICER THAT CAME ON GOT ME EMERGENCY MEDICAL ASSISTANCE.

THE ACTIONS OF DEFENDANT STOKES CONSTITUTED AN EGRE
GIous ABUSE OF AUTHORITY AND HIS BLATANT REFUSAL TO SUM
MON EMERGENCY MEDICAL ASSISTANCE FOR THE PLAINTIFF CONSTITUTED
A VIOLATION OF PLAINTIFFS 8TH AMENDMENT RIGHT FOR "DELIBERATE
INDIFFERENCE TO A SERIOUS MEDICAL NEED" AND PLAINTIFFS 14TH
AMENDMENT RIGHT FOR "FAILURE TO PROTECT" UNDER ARTICLE I SECTION
II OF THE ILLINOIS CONSTITUTION OF 1970

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$250,000⁰⁰ COMPENSATORY DAMAGES
\$250,000⁰⁰ PUNITIVE DAMAGES

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20 _____

Cornelius Quinn
(Signature of plaintiff or plaintiffs)

Cornelius Quinn
(Print name)

R40834
(I.D. Number)

(Address)


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)
GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Quinn

PRINT - FIRST NAME (Primer Nombre):

Cornelius

ID Number (# de identificación):

20140718288

DIVISIÓN (División):

1

LIVING UNIT (Unidad):

G-1

DATE (Fecha):

7 / 3 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

On 7/2/15 Officer Stokes was the person on duty for G-1. As we went down for work in laundry Officer Stokes stared me down in a intimidating way before handing me my I.D. This is the second time this has happened since he sprayed me with a fire extinguisher in my face last year. I don't know why he is still being allowed to be this close to me for another opportunity to cause me bodily harm. From his actions I know he is holding a grudge and given the chance I don't know what he might do to me next especially while I am sleeping. I fear for my safety and I would like to know if something can be done! I cannot rest until I feel the threat is gone.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: <i>(Nombre del personal o presos que tengan información):</i>	INMATE SIGNATURE (Firma del Preso):
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SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>/ /</i>
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SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: <i>/ /</i>
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COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

GRIEVANCE NON-GRIEVANCE (REQUEST)
CONTROL #

2014 529415074

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Quintas

INMATE FIRST NAME (Primer Nombre):

Cornelius

ID Number (# de Identificación):

2014-0718288

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

260 - MISCONDUCT

PHYSICAL by (SOME STAFF)

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Copy Delivered to Commander

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

OPR I/S

DATE REFERRED:

7/4/14

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See Attachment

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

625

9/5/14

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

/ / /

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Sí) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

/ / /



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

I This section is to be completed by Program Services staff - ONLY.

(! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Quinn

Cornelius

27140718288

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

1

A-2

9/4/14

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

On 9/4/14 right after break fast officer Stokes came to my cell while I was laying down and sprayed me in my face with a fire extinguisher that he called big dick willie I then requested emergency medical attention and was denied I also requested a white shirt and was denied again as a result I suffered burning eyes, blurred vision, burning nose and chest with shortness of breathing. He also sprayed several other inmates

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

Justice

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

Cornelius Quinn

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CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

09/04/14

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

____/____/____